



## **ALLEN J. BRANDS PHS CLINICAL PHARMACIST OF THE YEAR AWARD**

(This award was previously named the PHS Pharmacist of the Year Award from 1986-1993, and the PHS Clinical Pharmacist of the Year Award from 1994-96)

*This award recognizes the achievements of pharmacists in the PHS that provide traditional pharmaceutical services, with primary emphasis on activities accomplished within the past 12-18 months.*

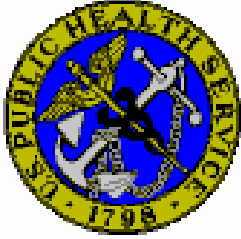
### Past Recipients:

2005	Dr. Alice K. Pau	1995	LCDR Jeffery J. Gallagher
2004	LCDR James Britton	1994	Dr. Barry R. Goldspiel
2003	CDR Travis Watts	1993	CDR Linda J. Shull
2002	LCDR Scott Giberson	1992	CDR Jeanette Y. Wick
2001	CDR William D. Figg	1991	CDR Paul Jarosinski
2000	LT James L. Bresette	1990	CDR Robert Boyce
1999	CDR Vance Gese	1989	CAPT James C. Yatsco
1998	LCDR Patricia J. Pacheco	1988	CDR James R. Minor
1997	CDR Lisa L. Tonrey	1987	CDR Gordon W. Reiter
1996	Dr. Gregory Susla	1986	CDR Dorothy Vershure

### Selection Criteria:

*Be specific to cover all criteria. Be sure to include documentation to areas two and three. Document the activities that were accomplished in last 12-18 months. Include specific dates if appropriate*

1. Job accomplished as evidenced by outstanding clinical workload, contracts or grants administered, sustained and significant performance levels, new programs developed and implemented, and ability to produce results.
2. Professional standing as evidenced by membership and/or offices held in professional organizations, publication(s) in recognized journals, awards and letters of appreciation.
3. Non-professional standing as evidenced by engagement in outside activities and recognition by community and/or non-professional groups.



**U.S. PUBLIC HEALTH SERVICE**  
**Pharmacist Professional Advisory Committee**  
**Department of Health and Human Services**

**ALLEN J. BRANDS PHS CLINICAL PHARMACIST  
OF THE YEAR AWARD COVER SHEET (please print or type)**

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**CANDIDATE'S  
GRADE/RANK/NAME:** \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED CITATION (not to exceed 25 words):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED BY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**NAME OF CANDIDATE'S  
IMMEDIATE SUPERVISOR:** \_\_\_\_\_

**SIGNATURE OF IMMEDIATE  
SUPERVISOR:** \_\_\_\_\_

**ADDITIONAL COMMENTS (OPTIONAL):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_